The following is a proposed time line indicating when principal objectives will completed. Quarters for the implementation period begin May 15, 2002 or upon receipt of funding from HRSA.
An asterisk (*) indicates an objective that is dependent in part on resources from the CDC Cooperative Agreement or on other non-HRSA program activities

Section A: Background Measurable Objectives and time frame	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			5th Quarter			6th Quarter		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Inventory of statewide antiterrorism and bioterrorism initiatives			■	■	■	■												
2. MCI planning and evaluation guidance document (EMCAB) *		■	■	■	■	■												
3. Template for Local Infectious Disease Emergency Planning (CD) *		■	■	■	■	■												
4. Statewide EMCAB Communications Plan (CD) *		■	■	■	■	■												

Section B: Needs Assessment Measurable Objectives and time frame	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			5th Quarter			6th Quarter		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Conduct hospital survey	■	■	■															
2. Conduct EMS surveys	■	■	■															
3. Identify need for other surveys *			■	■	■	■												
4. Develop assessment tools and additional surveys *				■	■	■												
5. Development of proposed benchmarks						■	■	■	■									
6. Develop priorities							■	■	■	■								
7. Review needs assessment – Poison Control							■	■	■									
8. Review Rural Health other surveys							■	■	■	■								
9. Develop databases, 24/7 resource guides *				■	■	■	■	■	■	■	■	■						
10. Assess Quarantine/Treatment space evaluation							■	■	■									
11. Review Plans for donated items													■	■				
12. Review Nursing/staff need scenarios													■	■	■			
13. Review ED Diversion Plans *	■	■	■	■	■	■	■	■	■									
14. Review Special Population Proposals													■	■	■	■		
15. Assess plans for essential goods and services														■	■	■		
16. Identify gaps, additional assistance needs				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Section C. Critical Benchmarks Measurable Objectives and time frame	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			5th Quarter			6th Quarter		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Hire Hospital Coordinator	■	■																
2. Hire Medical Director	■	■																
3. Convene Hospital Preparedness Planning Committee (HPPC)	■																	
4. Finalize Mission Statement/Duties	■																	
5. Convene Quarterly HPPC meetings		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
6. Define regional boundaries			■	■	■													
7. Establish sub-committees		■	■	■														
8. Convene Disaster Preparedness Committee (MHA)		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
9. Review results of surveys and recommend benchmarks				■	■	■	■	■	■									
10. Initiate regional planning activities				■	■	■	■	■	■	■	■	■	■	■	■			
11. Review statewide and regional data				■	■	■												
12. Define content for statewide and regional plans, including plans for 500 additional patient capacity per region						■	■	■	■	■	■	■	■	■	■			
13. Approve state and regional plans													■	■	■	■	■	■

Section D. First Priority Planning Areas	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			5th Quarter			6th Quarter		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
D1. Medications and Vaccines																		
1. Hire Pharmacist		X	X	X	X													
2. Develop and implement statewide NPS preparedness infrastructure *						X	X	X	X	X								
3. Conduct training of and exercise drills for state, regional and local emergency personnel for NPS receipt and distribution *							X	X	X			X			X			X
4. Develop and maintain centralized database of location and quantity of all antidotes, pharmaceuticals, and vaccines *				X	X	X	X	X	X									
5. Develop plan for stockpiling, distribution and chain of custody for pharmaceuticals, vaccines and antidotes *							X	X	X	X								
6. Develop stockpiling and treatment protocols *					X	X	X	X	X	X	X							
7. Document plan to access other resources of pharmaceuticals for biological exposures *				X	X	X	X	X	X									
D2. Personal Protection, Quarantine and Decontamination																		
1. Develop assessment tool to measure current status of personal protection for biological, chemical and radiological incidents				X	X													
2. Survey hospitals for current status of personal protection	X	X	X															
3. Identify capacity for each hospital to triage, decontaminate and of needed, treat biologic causalities							X	X	X									
4. Develop recommendations for appropriate augmentation of current equipment and supplies				X	X													
5. Develop recommendations for deployment of additional supplies and equipment to hospitals, EMS or regional consortia								X	X	X								
6. Develop and implement personal protection training										X	X	X	X	X	X			
D3. Communications																		
1. Conduct comprehensive needs assessment *	X	X	X	X	X													
2. Finalize recommendations for CMED linkages*	X	X																
3. Assess specific communication needs of special populations during public health emergencies *			X	X	X													
4. Continue build-out of Internet-based system for ED diversion to track hospital bed availability *	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5. Develop plan for facilitating communication between state and hospital leadership					X	X	X	X	X									
6. Develop tools to ensure hospitals have up to date information on responding to biologic, chemical and radiological incidents							X	X	X	X								
7. Develop process to facilitate dialogue and build consensus on best practices to enhance bioterrorism preparedness				X	X	X	X	X	X	X	X							
8. Incorporate risk communication and public relations plans in regional exercises and drills *															X	X	X	X

Section D. First Priority Planning Areas	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			5th Quarter			6th Quarter		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
D4. Biological Disaster Drills																		
1. Develop statewide and regional plan for biological disaster drills *				▓	▓	▓	▓	▓	▓	▓	▓	▓						
2. Conduct table top exercises and full scale regional drills *													▓	▓	▓	▓	▓	▓

Section E: Secondary Priority Areas Measurable Objectives and time frame	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			5th Quarter			6th Quarter		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
E 1. Personnel																		
1. Hire First Responder/Public Safety Response Coordinator *		▓	▓															
2. Develop personnel registries for nursing, pharmacy and physician resources. *				▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
3. Establish and maintain registry of current certified EMTs *				▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
4. Develop plan to avail registry to EMS Strike Teams/Task Forces /others providing emergency medical care and response *							▓	▓	▓									
5. Develop personnel resource registries for potential PEP site			▓	▓	▓	▓												
6. Promulgate MA agreement for DMAT resources in existing mutual aid system													▓	▓	▓			
7. Plan for supervision of non-traditional certified EMS personnel													▓	▓	▓			
E 2. Training																		
1. Participate in statewide training and education advisory committee (CDC Focus G) *		▓	▓	▓	▓													
2. Assess training needs for hospital, EMS and other healthcare personnel *				▓	▓	▓	▓	▓	▓	▓	▓	▓						
3. Develop ongoing plan for meeting training needs through multiple sources *	▓	▓	▓	▓	▓	▓												
4. Develop standards for training programs. *				▓	▓	▓												
5. Provide training programs based on needs assessment *							▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
6. Develop or amend programs to include content related to bioterrorism events preparedness *							▓	▓	▓									
7. Develop or update diagnostic and treatment protocols for BT infectious diseases / toxins with early nonspecific syndromes *				▓	▓	▓	▓	▓	▓									
8. Develop addendum to the statewide treatment protocols specific to EMS personnel providing care in a bioterrorism event *							▓	▓	▓									
9. Ensure training for all licensed health care professionals, local health officers and others related to bioterrorism *										▓	▓	▓	▓	▓	▓			

Section E: Secondary Priority Areas Measurable Objectives and time frame	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			5th Quarter			6th Quarter		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
E 3. Patient Transfer																		
1. Assess existing disaster transfer plans in place at all facilities				▓	▓	▓												
2. Assess medical transportation resources; develop utilization plan in collaboration with key EMS, public safety and hospital stakeholders *					▓	▓	▓	▓	▓									
3. Develop protocols for allocating inpatient beds to scheduled vs. emergent cases							▓	▓										
4. Develop patient transfer protocols; include needs of children, elderly, pregnant women, people with disabilities, individuals with limited English speaking ability *										▓	▓	▓						
5. Plan for and coordinate needs of psychiatric patients						▓	▓	▓	▓									

Section F: Infrastructure Measurable Objectives and time frame	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			5th Quarter			6th Quarter		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
F 1. Staffing and medical direction																		
1. Hire additional staffing	▓	▓	▓															
F 2. Coordination and collaboration																		
1. Contract with coordinating agencies (MHA, MMS, other)	▓	▓	▓	▓	▓	▓												
2. Identify protocols, policies and resources that require funding for development and implementation	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓						
3. Ensure connection and integration of BT plans with other disaster plans, focus on ensuring integration with the NPS Plan	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
4. Develop mechanism to maintain database of hospital personnel and supplies that can be mobilized in a bioterrorist event							▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
F 4. Legislative and Regulation																		
1. Review current statutory authority	▓	▓																
2. Review credentialing by hospitals	▓	▓																
3. Contact MA state agencies and boards of registration regarding existing authority				▓	▓													
4. Determine what new statutory or regulatory authority is required for reciprocity agreements				▓	▓													
5. Determine hospital credentialing process during state of emergency				▓	▓													
6. Develop recommendations for statutory/regulatory authority to regarding licensure/credentialing and delegation authority								▓	▓									
7. Determine need for change in statutory requirements								▓	▓									